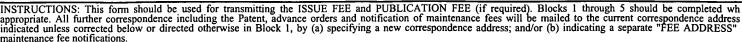
## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

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| appropriate. All further con   | respondence including the loclow or directed otherwise   | atent, advance or   | ders and notif  | fication  | of maintenance fees   | will be mailed to the current<br>; and/or (b) indicating a sep   | correspondence address  |
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| Cleveland, OH 441<br>09/29/2004 FFANAIA3 000   |  | 76 <b>E</b>   |   | EE'S  | <u> </u>  | TRIAL CO   | (Signat   |
| 01 FC:1501 1330.0  |  | ~   | CLEMATIO  |   |   | = 9/23/oy  | (D  |
| APPLICATION NO.  | Q42001   |   | FIRST NAMED   | MED INVENTOR  |   | ATTORNEY DOCKET NO.  | CONFIRMATION NO.  |
| 09/940,176   | 940,176 08/27/2001 Steven Chri                           |   | Steven Christo  | stopher Schmalz   |   | 01-MAE2-128  | 4411  |
| TITLE OF INVENTION: CIRCUIT BREAKER, TRIP ASSEMBLY, BIMETAL COMPENSATION CIRCUIT AND METHOD INCLUDING COMPENSATION F BIMETAL TEMPERATURE COEFFICIENT   |  |   |   |   |   |  |   |
| APPLN. TYPE  | SMALL ENTITY   | ISSUE FI  | EE  | PUBLICATION FEE   |   | TOTAL FEE(S) DUE   | DATE DUE  |
| nonprovisional NO  |  | \$1330  |   |   | \$300   | \$1630   | 10/14/2004  |
| EXAMINER   |  | ART UNIT  |   | CL  | ASS-SUBCLASS  | ]  |   |
| KITOV, ZEEV  |  | 2836  |   |   | 361-105000  |  |   |
| <ol> <li>Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).</li> <li>□ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.</li> <li>□ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.</li> </ol>   |  |   | 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. |   |   |  |   |
| 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  EATON CORPORATION  CLEUELAND, OHLO |  |   |   |   |   |  |   |
| Please check the appropriate assignee category or categories (will not be printed on the patent);  |  |   |   |   |   |  |   |
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| The Director of the USPTO in NOTE: The Issue Fee and Printerest as shown by the reco   |  |   |   |   |   |  |   |
| (Authorized Signature)   | 4/1  | (Date)  | 1/22/   | 7.07  | 4   |  |   |
| This collection of informatio<br>an application. Confidentialisubmitting the completed ap<br>this form and/or suggestions<br>Box 1450, Alexandria, Virgi<br>Alexandria, Virginia 22313-  | for reducing this burden, sh<br>nia 22313-1450. DO NOT 5 | 11. The information 122 and 37 CFR 120. Time will vary ould be sent to the SEND FEES OR C | h is required to<br>1.14. This coll<br>depending up<br>to Chief Inform<br>COMPLETED   | o obtain<br>ection is<br>on the i<br>ation O<br>FORM  | or retain a benefit by<br>se estimated to take 12<br>ndividual case. Any c<br>fficer, U.S. Patent and<br>S TO THIS ADDRES | the public which is to file (an<br>minutes to complete, includi<br>omments on the amount of ti<br>Trademark Office, U.S. Dep<br>S. SEND TO: Commissioner | d by the USPTO to proc<br>ng gathering, preparing,<br>me you require to comp<br>partment of Commerce, P<br>for Patents, P.O. Box 14 |

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